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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/656,068
		Filing Date	September 5, 2003
		First Named Inventor	Robert J. Levy
		Art Unit	1633
		Examiner Name	Scott David Priebe
Total Number of Pages in This Submission	12	Attorney Docket Number	CHOP.0100.1

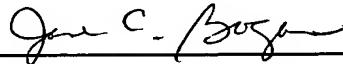
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Remarks  In the event that a fee is required in connection with this submission and not enclosed, the Commissioner is authorized to charge such fee to the account of the undersigned attorneys, Account No. 04-1406. A duplicate copy of this sheet is enclosed.			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DANN, DORFMAN, HERRELL AND SKILLMAN - Customer No. 000110		
Signature			
Printed name	Robert C. Netter, Jr., Ph.D.		
Date	February 28, 2006	Reg. No.	56,422

### CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Jane C. Bogan
Date February 28, 2006	

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## FEE TRANSMITTAL

		Complete if known	
		Patent Application No. 10/656,068	
		Filing Date: September 5, 2003	
		First Named Inventor: Robert J. Levy	
		Group Art Unit: 1633	
Examiner Name: Scott David Priebe			
Total Amt. of Payment: (1)+(2)+(3)= \$510		Attorney Docket Number: CHOP.0100.1	

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																					
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within <u>three</u> months 510 Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue Fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Request for Ex Parte Reexamination</u> 510  <b>FEE CALCULATION</b> <b>1. FILING FEE</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____  <b>SUBTOTAL (1)</b> _____  <b>SUBTOTAL (3)</b> \$510																					
2. <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-</td> <td>= 0</td> <td>x = 0</td> </tr> <tr> <td>Independent Claims</td> <td>-</td> <td>= 0</td> <td>x = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b> \$0</td> </tr> </tbody> </table>					Paid	Extr	Fee	Total Claims	-	= 0	x = 0	Independent Claims	-	= 0	x = 0	Multiple Dependent (First presentation)				<b>SUBTOTAL (2)</b> \$0			
	Paid	Extr	Fee																				
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Independent Claims	-	= 0	x = 0																				
Multiple Dependent (First presentation)																							
<b>SUBTOTAL (2)</b> \$0																							

Submitted By:

Typed or

Printed Name Robert C. Netter, Jr., Ph.D.

Reg. Number 56,422 Deposit Account User ID

Signature Robert C. Netter, Jr., Ph.D.

Date February 28, 2006 Deposit Account User ID

04-1406